## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For th	ne 2008 ca	alendar	year, or tax yea	ar beginning	July 1	, 2008, a	nd ending	Ju	ne 30	, 20 09	
В	Check if a	applicable	Please	C Name of organ	zation Live Oa	k Classical Sc	hool, Inc			D Emplo	yer identification	number
		change	use IRS label or	Doing Business	As Live Oak	Classical Sch	ool			77	061627	<b>′</b> 4
$\overline{}$	Name cl		print or	Number and stree	t (or PO box if ma	I is not delivered to sti	reet address)	Room/suit	8	E Teleph	one number	
	Initial re	•	type See	P O Box 647						(254)	714100	7
	Termina		Specific Instruc-	City or town, st	ate or country, a	nd ZIP + 4		<del></del>				
_	_	ed return	tions.	Waco, Texas	76703-0647	479				G Gross re	ecerpts \$ 1.18	87,978
_		on pending	F Nam	ne and address of	pnncipal officer	Alison Moffa	tt		H(a) le th		n for affiliates? Yes	
	фричан	-	POB	ox 647, Waco,					1		included? Yes	_
ī	Tax-ex	empt status		501(c) ( 3 )◀ (inse		7(a)(1) or 52	27				ı lıst (see ınstructio	
J	Websi	ite: ▶ wv		oakclassical.c						exemption nu	•	
-				oration Trust		her ▶	L Year	of formation			f legal domicile T	<u>x</u>
	art I	Summ										
	_			the organization	nn's mission i	or most signific	ant activities	. Live O	ak Classi	cal Schoo	ol strives to eq	qiu
	' '	students	s to lov	ve God with al	their hearts	souls and mi	nds. We dra	w on the	classical	tools of l	learning to	1
ဥ				nts to reason o							·-• <del>-</del>	v
Governance				g the year, we								A
Š				if the organiz								
	ſ			ng members of			-	more than	L070 01 113 t	3	Ī	10
Activities &	1			pendent voting	-	• • •	•	 // // 1 b		4		9
iţe	}					• •	body (Part V	n, line 10	•	5		77
Ę	1			f employees (P			• •			6	<del></del>	266
⋖	1			f volunteers (es		• •		(O)		. 7a	<del> </del>	200
				elated business <u>usiness taxabl</u>				(C)		. 7b		0
	<del>                                     </del>	ivet unre	iated bi	usiness taxabi	e income non	RF(	EIVED	·	Prior Y		Current Ye	<del></del>
				/D/	VIII 1 . 41-V		- V L D					
ě				nd grants (Part		. 69		기 있 : <b> </b> -		82,307		70,327
Revenue		-		e revenue (Part		I- WAY	2 4 2010	· ŏ · -		733,252 3,046	1,0:	53,607 2,957
æ				ome (Part VIII, o				· ഗ  ·				3,857
				Part VIII, colunadd Ines 8 throu						43,154		47,328
								1211		861,759	1,1	75,119
				ılar amounts pa				· · · <del> -</del>				
ş			•	or for membe			•	- 45.	<del></del>	500 420		04 560
Expenses				ompensation, er	•	•	mn (A), lines 5	o-10)  -		500,438		84,568
ă.	1			draising fees (F				359			7 7 C C V	
ш			-	expenses (Par	•	• •		·····  -	<u> </u>	288,191	20	61,481
	1		•	(Part IX, colur			•	:· ·  -				46,049
	1	_ `		Add lines 13-			mn (A), line 2	25) .  -		788,629		
- v	19	neveriue	iess ex	penses Subtra	or line to mon	IIIle 12	<del>*                                    </del>	<del> +</del> -	Beginning	73,130	End of Yea	29,070
Assets or	00	T-4-1	-1- (D-					-	Deginning	250,893		35,205
Asse	20		•	art X, line 16).				· · · <del> -</del>				84,091
Net A	21			Part X, line 26) and balances		 21 from line 20		· · ·  -		128,849 122,044		
	art II		ature		Subtract line	21 110111 11116 20	<del></del>	• • • • •		122,044	<u>_</u>	51,114
				f perjury, I declare t	hat I have examin	ed this return, inclu	ding accompany	vina schedul	es and state	ments and to	o the best of my kn	owledge
		and belie	of, it is tru	ie correct, and co	plete Declaration	on of preparer (other	r than officer) is	based on a	II information	of which pi	reparer has any kn	owledge
Sig	an.		$\leq$						ı	5-14	-10	
He	_	Sign	nature of o	officer	24	1			Da		·	
110			(1)	FRANK	Alexan	der (PA	ICFO					
		Type	e or print	name and title	7.5-7.67	1	10,0					
		+				/	Date	Che	ck if	Preparer's	identifying number	
		Preparer signature						self	oloyed ▶ ☐	(see instruc		
Pai			•					1 6111	,	<u>`</u>		
	parer's	Firm's na	ame (or ye	ours \				<del></del>	EIN		<del></del>	
Use	Only	if self-em								no ▶ (	i	
Ma	v the			s return with th	e preparer sh	own above? (e	ee instructio	ns)			. Yes	No
_				rwork Reductio					Cat No 1	1282Y	Form <b>99</b>	
1 0	val	ur mulali	upc			ooparat			Jai 110 l		1 (1111 )	_ (~~~)

Form 990 (2008) 22 G-13-16

£)	•
_	990 (2008) Page
Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:  Live Oak Classical School strives to equip students to love God with all their hearts, souls and minds. We draw on the classical tools of learning to prepare students to reason clearly, communicate effectively, and act responsibly in the world-all for the glory of God.  During the year, we provided for 222 students in grades Jr Kindergarten through 9th grade.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes V No. 1f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code ) (Expenses \$ 877,943 including grants of \$ ) (Revenue \$ 1,171,262 )  A Christian and Classical education was provied for 222 students in grades Jr. Kindergartern through 9th grade for for the Fall and Spring Semester.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$

4d	Other program	services.	(Describe in Schedule O	)
	(Expenses \$		including grants of	

\$ ) (Revenue \$ ) 877,943 (Must equal Part IX, Line 25, column (B).) 4e Total program service expenses ▶ \$

Ł

Par	t V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	_1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		,
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<u> </u>	1
14a		140		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the US? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	Ť
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25	24a		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		<b>-</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	28a		ſ
	Part IV	20a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
		31		

Form **990** (2008)

Fell	Statements Regarding Other ins Finings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			,
L	U.S. Information Returns Enter -0- if not applicable			
	Enter the number of forms w 24 moraded in the fat. Enter of in not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	. د گ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 77 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
,,,	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	I		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	!	
6a	Did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7а	^	✓.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>✓</b>
	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	O		
a	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Initiation fees and capital contributions included on Part VIII, line 12	:		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		1	
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a	L	L

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

sec	ction A. Governing Booy and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.	1		
1a	Enter the number of voting members of the governing body			i
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	- ***
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<b>√</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<b>√</b>	
6	Does the organization have members or stockholders?	6		<b>✓</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			,
	of the governing body?	7a		<b>✓</b>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	<b>√</b>	
Ь	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
9a	• • • • • • • • • • • • • • • • • • • •	9a		<b>√</b>
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9 <u>b</u>		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		1
Sec	ction B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<b>✓</b>	<u> </u>
13	Does the organization have a written whistleblower policy?	13		<b>√</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		;	
а	The organization's CEO, Executive Director, or top management official?	15a	<b>√</b>	<u> </u>
b	Other officers or key employees of the organization?	15b	<b>√</b>	<del></del>
	Describe the process in Schedule O. (see instructions)			
16a		1 1		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i <b>√</b>
	with a taxable entity during the year?	16 <u>a</u>		<del></del> -
b	with a taxable entity during the year?			<u> </u>
	with a taxable entity during the year?	16a		
Sec	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ction C. Disclosure			
<u>Sec</u>	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None	16b	only A	
	with a taxable entity during the year?	16b	only)	
<u>Sec</u>	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or available for public inspection. Indicate how you make these available. Check all that apply.	16b	only)	
Sec 17 18	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cavailable for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request	16b		
<u>Sec</u>	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(a available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	16b		
Sec 17 18	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(a available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public	16b	erest	
Sec 17 18	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(a available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	16b	erest	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	ompensate	any o	offic	er,	dire	ctor,	trus	tee, or key en	ployee.	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per		_		_	that ap		Reportable	Reportable	Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		}								
Alison Moffatt Head of School	40+			<b>✓</b>	✓	1		35,000		
lan McCaw President of School Board	5	1								
Tom Hill										
Vice President	2	1		L		L_				
Holly Jahrmarkt										
Secretary	2	1			_	ļ _				
Walt Strickland	2									
Treasurer		1				ì				
Chris holmes	1									
Board Member	] ]	1			_	<u> </u>				
William deGraffenried	1									
Board Member	1	1				L	_	-	ļ	
Scott Moore	1									
Board Member	<u> </u>	1			L_	L				
Steve Willis	1									
Board Member	<u>'</u>	1					L			
Julie Zakhary	16+						}	8,500		
Bookkeeper and Board Member	10,	1						6,500		
Felipe Garcia	1									
Board Member	<u> </u>	1			L_	L				
Frank Alexander	25+		_					25,600		
Chief Financial Officer	23.		<u> </u>	1	1			25,000		

Part VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensated	Employees (c	ontinued)
(A)	(B)	_			<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relation organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									<del></del>	
								_	-	
			_	_	_					
				_						
				_	_					
				_						
1b Total							•	69,100		1
2 Total number of individuals (including thos organization ► NONE	e in 1a) wh	o rec	eive	ed r	nor	e thar	n \$1 	00,000 in repo	rtable compen	yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	•	3 1
4 For any individual listed on line 1a, is the sthe organization and related organizations individual		ın \$15								4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comi	oen: Sch	satı edu	on i	from I for s	any uch	unrelated org	anization for	5
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	cto	rs that received	d more than \$1	00,000 of
(A) Name and business add	fress							(B) Description of s	ervices	(C) Compensation
NONE							-			
2 Total number of independent contractors compensation from the organization ► N	(including t	those	ın	1) w	/ho	recen	ved	more than \$10	00,000 in	

Par	: VIII	Statement of Rever	nue					<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grant and similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ts, above 1f	5,947	70,327			
Program Service Revenue	2a b c	Tuition and Fees Hot Lunches		Business Code	1,015,398	1,015,398 38,209	- 4	
Progran	f	All other program service Total. Add lines 2a-2f		•	1,053,607			
	3 4 5	Income from investment of ta Royalties		🕨	3,857			3,857
	С	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	)	•		· ·		
	b	Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	l) Securities	(II) Other	, ,	,		
Other Revenue	8a	-	n line 1c) · a · . b	45,751 5,362	40,389	40,389	·	
_	9a b	Gross income from gaming See Part IV, line 19 Less: direct expenses	activities a . b					
	10a b	Net income or (loss) from Gross sales of inventor returns and allowances Less cost of goods sold Net income or (loss) from some sold Miscellaneous Revenue	ory, less . a . b ales of invento	14,436 7,497	6,939		- 101	
	b c d	All other revenue		. • • • • • • • • • • • • • • • • • • •	-			
	12	Total Revenue. Add lines 9c, 10c, and 11e	ın, 2g, 3, 4, 	, 5, 6a, 7a, 8c, ▶	1,175,119	1,171,262	0	3,857_

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations made complete col	ann (A) but are no	t required to com	piete columns (b),	(O); and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,100		69,100	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	660,251	627,597	32,654	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	55,217	47,509	7,708	
11	Fees for services (non-employees):				
	Management				
	A	750		750	
	_				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
1	Investment management fees	17,444		17,444	
_	Other	22,359		17,444	22,359
12	Advertising and promotion .	22,333		<del></del>	22,009
13	Office expenses	4,886		4 006	
14	Information technology	4,000		4,886	
15	Royalties	45,677	AE 677		
16	Occupancy	134	45,677 134		
17	Travel	134	134		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,188	2,188		
20	Interest	8,146		8,146	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,631	3,631		
23	Insurance	9,458	9,458		
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a b					
С					
d					
е					
f	All other expenses Schedule 1	146,808			
25	Total functional expenses. Add lines 1 through 24f	1,046,049	877,943	145,747	22,359
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
			(A) Beginning of year		Er	(B) nd of yea	ır
	1	Cash—non-interest-bearing	73,791	1		1	6,059
	2	Savings and temporary cash investments	134,431	2		25	6,665
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	8,054	4		1	4,966
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		- 200	
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			4,960
٨	9	Prepaid expenses and deferred charges	22,657	9			7,256
	10a	Land, buildings, and equipment: cost basis 10a 440,486					
	b	Less: accumulated depreciation Complete Part VI of Schedule D	11,960	10c	-	43	5,299
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14	<b></b>		
	15	Other assets. See Part IV, line 11		15	<b></b>		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	250,893		ļ		5,205
	17	Accounts payable and accrued expenses	19,819			1	<u>9,657</u>
	18	Grants payable		18	<del></del>		
l	19	Deferred revenue	108,838			11	5,760
	20	Tax-exempt bond liabilities		20			
ij	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	A7	22	*		-
	23	Secured mortgages and notes payable to unrelated third parties		23		34	8,674
	24	Unsecured notes and loans payable		24	<u> </u>		
	25	Other liabilities Complete Part X of Schedule D	192				
	26	Total liabilities. Add lines 17 through 25	128,849	26	ļ	48	4,091
or Fund Balances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			Tanan.	- "	
ä	27	Unrestricted net assets	122,044	27		24	8,918
ä	28	Temporarily restricted net assets		28			
핕	29	Permanently restricted net assets		29	<b></b>		2,196
ĭ		Organizations that do not follow SFAS 117, check here ▶ □		1 1			
•		and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·	_			
sts c	30			30			
ssets (	30 31	and complete lines 30 through 34.		30 31			
t Assets o		and complete lines 30 through 34.  Capital stock or trust principal, or current funds			-		
Net Assets o	31 32 33	and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	122,044	31 32 33			1,114
Net Assets	31 32 33 34	and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances	122,044 250,893	31 32 33			
Net Assets	31 32 33	and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances		31 32 33		73	5,205
Net Assets	31 32 33 34 rt XI	and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances	250,893	31 32 33			
Net Assets	31 32 33 34 rt XI	and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Financial Statements and Reporting	250,893	31 32 33 34		73	5,205
→ Net Assets	31 32 33 34 rt XI Acco	and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances  Financial Statements and Reporting  ounting method used to prepare the Form 990:  Cash Accrual e the organization's financial statements compiled or reviewed by an indee the organization's financial statements audited by an independent according.	250,893  Other ependent accountant ountant?	31 32 33 34		73 Yes	5,205
Net Assets	31 32 33 34 rt XI Acco	and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances  Financial Statements and Reporting  ounting method used to prepare the Form 990:   Cash Accrual e the organization's financial statements compiled or reviewed by an independent.	250,893  Other ependent accountant ountant?	31 32 33 34	of [	73 Yes 2a ✓	No
Net Assets	31 32 33 34 Ft XI Acco	and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances  Financial Statements and Reporting  ounting method used to prepare the Form 990:  Cash Accrual e the organization's financial statements compiled or reviewed by an independent acces to lines 2a or 2b, does the organization have a committee that assumes audit, review, or compilation of its financial statements and selection of an incompile to the compiletion of the financial statements and selection of an incompiletion of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements and selection of an incompilation of its financial statements.	Other ependent accountant ountant? responsibility for over dependent accountant	31 32 33 34 **?	of	73 Yes 2a ✓	No
Net Assets	31 32 33 34 Tt XI Accord Were Were the a As a	and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances  Financial Statements and Reporting  ounting method used to prepare the Form 990:  Cash Accrual e the organization's financial statements compiled or reviewed by an independent access to lines 2a or 2b, does the organization have a committee that assumes audit, review, or compilation of its financial statements and selection of an independent of a federal award, was the organization required to undergo an accession of a federal award, was the organization required to undergo and	Other ependent accountant ountant? responsibility for over dependent accountant audit or audits as set	31 32 33 34 **?	of :	73	No
Net Assets	31 32 33 34 Int XI Accordance Were Were If "Year As a the S	and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances  Financial Statements and Reporting  ounting method used to prepare the Form 990:  Cash Accrual e the organization's financial statements compiled or reviewed by an independent access to lines 2a or 2b, does the organization have a committee that assumes audit, review, or compilation of its financial statements and selection of an independent of a federal award, was the organization required to undergo an accession of a federal award, was the organization required to undergo and	Other ependent accountant ountant?	31 32 33 34 t?	of	73 Yes 2a ✓	No

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

0

OMB No 1545-0047

Department of the Treasury Internal Revenue Service nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number Live Oak Classical School, Inc. 77 0616274 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🔲 Type I **b** Type II **d** Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No |11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes Νo Yes Total

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	of the organization		Employer identification number
	Oak Classical School, Inc.		77 0616274
Par	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar "to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, sub	ject to the organization's exclusive legal co	ontrol? Yes No
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?	for the benefit of the donor or donor advi	grant funds may be sor or other  Yes No
Par		plete if the organization answered "Yes"	
1	Purpose(s) of conservation easements heli	·	<del></del>
,	Preservation of land for public use (e.g.	_ , _ , _	on of an historically important land area
	Protection of natural habitat	· _	on of certified historic structure
	☐ Preservation of open space	- Treservati	on or certified matoric structure
2	Complete lines 2a–2d if the organization hel	ld a qualified conservation contribution in th	e form of a conservation easement
	on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation e	asements	2b
c	Number of conservation easements on a conservation and the conservation are selected to the conservation of the conservation and the conservation are conservation as a conservation and the conservation are conservation are conservation and the conservation are conservation and the conservation are conservation are conservation.		2c
ď	Number of conservation easements include	* *	2d
3	Number of conservation easements modif	, , ,	· · · <del></del>
	the taxable year ▶		
	Number of states where property subject		
5	Does the organization have a written police enforcement of the conservation easemen		ction, violations, and
6	Staff or volunteer hours devoted to monitor	- · · · · · · · · · · · · · · · · · · ·	-
7	Amount of expenses incurred in monitorin		•
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirement	nts of section
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	the text of the footnote to the organization	enue and expense statement, and 's financial statements that describes
Par		ections of Art, Historical Treasures, owered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted unart, historical treasures, or other similar assignments, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	research in furtherance of public service,
b	If the organization elected, as permitted unhistorical treasures, or other similar assets provide the following amounts relating to (i) Revenues included in Form 990, Part V	s held for public exhibition, education, or rethese items //III, line 1	esearch in furtherance of public service,  • \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:	-
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X .	line 1	· · · · · • • • · · · · · · · · · · · ·

Schedule	D.	(Form	990)	2008	

_			•
Р	aq	е	4

Par	t III Organizations Maintaining	Collections of Art,	Historica	al Treasure	es, or C	ther Simila	r Assets (continued)			
3	Using the organization's accession and items (check all that apply).	d other records, chec	k any of t	he following	that ar	e a significar	nt use of its collection			
а	Public exhibition		d 📙 L	oan or excl	hange p	rograms				
b	Scholarly research		e 📙 (	Other						
С	Preservation for future generation									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	Is the organization an agent, trustee, or included on Form 990, Part X?						not Yes No			
b	If "Yes," explain the arrangement in Pa	art XIV and complete t	the followi	ng table <sup>.</sup>		<del>,</del>				
					\ <u>-</u>	<del> </del>	Amount			
С	Beginning balance .				. 1c	<del>                                     </del>				
d	Additions during the year				<u>1d</u>	ļ	<del></del>			
е	Distributions during the year				<u>1e</u>	<del></del>	-			
f	Ending balance				1f					
2a b	Did the organization include an amount if "Yes," explain the arrangement in Pa	art XIV.				· · · ·	. L Yes L No			
Pai	t V Endowment Funds. Comp		answered							
		(a) Current year (b) F	Prior year	(c) Two yea	rs back	(d) Three years i	back (e) Four years back			
1a	Beginning of year balance		*				,			
b	Contributions .						<u> </u>			
С	Investment earnings or losses .			1						
d	Grants or scholarships			<u> </u>						
е	Other expenditures for facilities and programs						<u>,</u> , , , , ,			
f g	Administrative expenses End of year balance	*	*	* *	*	* *	*			
2	Provide the estimated percentage of the	ne vear end balance h	eld as:				<del></del>			
а	Board designated or quasi-endowment									
b	Permanent endowment ▶									
С	Term endowment ▶%									
За	Are there endowment funds not in the p	ossession of the organ	nization th	at are held a	and adm	inistered for t	he			
	organization by	<b>3.</b>					Yes No			
	(i) unrelated organizations						3a(i)			
	(ii) related organizations						3a(ii)			
b	If "Yes" to 3a(ii), are the related organization						. 3b			
4	Describe in Part XIV the intended uses									
Par	t VI Investments – Land, Build	lings, and Equipme	<b>nt.</b> See F	orm 990, F	Part X,	line 10.	,			
	Description of investment	(a) Cost or other basis (investment)		st or other is (other)	(c) (	Depreciation	(d) Book value			
1a	Land .	20,000					20,000			
b	Buildings	400,596					400,596			
C	Leasehold improvements									
d	Equipment	19,890				5,187	14,703			
_е	Other									
Tota	I. Add lines 1a-1e. (Column (d) should equa	al Form 990, Part X, col	lumn (B), lii	ne 10(c).) .	<u> </u>	▶	435,299			

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,175,119
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,046,049
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	129,070
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	129,070
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per	Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	_]	
С	Recoveries of prior year grants	_]	
d	Other (Describe in Part XIV)	<u>.</u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses pe	r Return
1	Total expenses and losses per audited financial statements	1_	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
-	Donated services and use of facilities		
b	Prior year adjustments	╡ !	
C	Losses reported on Form 990, Part IX, line 25	7 ,	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	
•	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a	Other (Describe in Part XIV)	┤ ^ı	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		<u> </u>
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	nd 4; P	art IV, lines 1b
_			
·			

#### SCHEDULE E (Form 990 or 990-EZ)

Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Live Oak Classical School, Inc.

Employer identification number 77 0616274

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	1	-
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	_3_	1	
	The Standard (our handbook for all parents and students) and on our website		*	
4 a b	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially	4a	-1	
С	nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4b 4c	<b>√</b>	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	4d	1	
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a	_ 4	- <b>J</b>
b	Admissions policies?	5b		1
С	Employment of faculty or administrative staff?	5c		✓
d	Scholarships or other financial assistance?	5d		1
e	Educational policies?	5e 5f		<b>√</b>
r g	Use of facilities?	5g		<b>√</b>
h		5h		1
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		1
b		6b		
7	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	1	

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization						Employer identifi	cation number	
Live Oak Classical School, Inc.	· · · · · · · · · · · · · · · · · · ·					77	0616274	
Part I Fundraising Activitie	s. Complete	if the orga	nızatıon a	answered "Yes"	to	Form 990, Par	t IV, line 17.	
Indicate whether the organization     A Mail solicitations     Email solicitations     Phone solicitations     In-person solicitations	n raised funds	through an e f g	Solicitati Solicitati	ollowing activities on of non-governr on of government fundraising events	ner gra	it grants	<i>i</i> .	
<ul><li>2a Did the organization have a writt or key employees listed in Form</li><li>b If "Yes," list the ten highest part to be compensated at least \$5,</li></ul>	990, Part VII) od individuals o	or entity in o r entities (fi	connection undraisers	with professional ) pursuant to agre	fun em	draising service ents under whic	s? Yes No	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity		r) Amount paid to (or retained by) undraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
	<u> </u>		L					
Total			. •					
3 List all states in which the organ registration or licensing.	nization is regi	stered or li	censed to	solicit funds or t	nas	been notified if	is exempt from	
					- <b></b> -		·	
					- <b></b>			

		more than \$15,000 on F	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events					
			Auction	Grandparent Day	4	(Add col (a) through					
			(event type)	(event type)	(total number)	col (c))					
Revenue	1	Gross receipts	40,367	3,392	1,992	45,751					
Re	2	Less: Charitable contributions									
	3	Gross revenue (line 1 minus line 2)	40,367	3,392	1,992	45,751					
	4	Cash prizes .									
sasu	5	Non-cash prizes									
Direct Expenses	6	Rent/facility costs			<del></del>						
Direct	7	Other direct expenses	4,075	1,287	0	5,362					
	8	Direct expense summary. Ad	ld lines 4 through 7 in co	olumn (d)		( 5,362)					
	9	Net income summary. Comb				40,389					
Pε	rt li	Gaming. Complete if than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19,	or reported more					
	_	than \$15,000 on Form		III D. II ask a florate at	4-1 04-	4-D T-1-1					
nue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))					
Revenue											
Œ	1	Gross revenue .									
	ĺ										
ses	2	Cash prizes .			· · · · · · · · · · · · · · · · · · ·						
(ben	3	Non-cash prizes		}							
Ě	3	Non-cash phizes									
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses .			! 						
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	A, 8					
	7	Direct expense summary Ac	dd lines 2 through 5 in c	olumn (d)		(					
	8	Net gaming income summar	v. Combine lines 1 and	7 in column (d)							
		iver garning income summar	y. Combine lines i and	7 in column (a)	<u> </u>	Yes No					
9	Er	nter the state(s) in which the c	roanization operates d	amina activities:							
э a		the organization licensed to o	•								
b		"No," Explain	gammig armini								
					•••••						
		ere any of the organization's e "Yes," Explain:	gaming licenses revoke	d, suspended or termin	nated during the tax year	ar? 10a					
				•••							
		•									
11		pes the organization operate (				. 11					
12		the organization a grantor, be rmed to administer charitable		a trust or a member of	a partnership or other	entity					

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Live Oak Classical School, Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

0616274

Employer identification number

VI 2. Head of School (also an ex-officio Board Member) and an independent Board Member are part owners of a vacation
condo in Colorado. The property is not used by the School for any purpose.
VI 5. During the first month of the school year, a theft of money by the bookkeeper was discovered. Total theft indentified
at \$22,392.08. Charges were filed and the bookkeeper was convicted. As of year end, \$17,136.00 had been recovered
and the balance is being paid out per order of the court.
VI 10. A copy of the 990 was provided to all Board Members prior to filing. After review, a vote to approve the return and
authorization for the CFO to sign and submit the return, was approved.
VI 12c. Annual affirmation of Policy is individually signed by each Board Member and Key staff.
VI 15b. Annual written review of all educators and Head of School. The Board of Directors and Finance Committee review
and approve all salaries during the budget process.
VI 19. Documentation is made available to all interested persons upon request to the Administrative Office.
.,
.,

### Live Oak Classical School Schedule IX, Line 24 Other Expenses

77-0616274

	Total <u>Expenses</u>	Program <u>Services</u>	Administration	Fundraising
Athletics	14,404	14,404		
Curriculum and Classroom	70,707	70,707		
Hot Lunches	36,696	36,696		
Printing	7,192	7,192		
Postage and Freight	555	555		
Accreditation	1,852	1,852		
Office Supplies and Expenses	15,402	10,343	5,059	-
	<del></del>			
	146,808	141,749	5,059	-